

ANDREW M. CUOMO Governor HOWARD A. ZUCKER, M.D., J.D. Commissioner

SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner

September 23, 2016

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Michael Palmeri, M.D.

Re: License No. 184155

Dear Dr. Palmeri:

Enclosed is a copy of the New York State Board for Professional Medical Conduct BPMC) Modification Order No. 16-319. This order and any penalty provided therein goes into effect September 30, 2016.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

Henry Spector, M.D. Acting Executive Secretary Board for Professional Medical Conduct

Enclosure

CC:

Amy Kulb, Esq.

Jacobson, Goldberg & Kulb, LLP 585 Stewart Avenue, Suite 720 Garden City, New York 11530

NEW YORK STATE DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER OF MICHAEL PALMERI, M.D.

BPMC No. 16-319

MODIFICATION

ORDER

Upon the proposed Application for a Modification Order of MICHAEL PALMERI, M.D. (Respondent), which is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted and SO ORDERED, and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Modification Order, either by first class to Respondent at the address in the attached Application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,
 whichever is first.

SO ORDERED.

DATE: 09/21/2016

Carmela Torrelli Vice Chair State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER OF MICHAEL PALMERI, M.D.

MODIFICATION AGREEMENT AND ORDER

MICHAEL PALMERI, M.D., represents that all of the following statements are true:

That on or about October 5, 1990, I was licensed to practice as a physician in the

State of New York, and issued License No. 184155 by the New York State Education

Department.

My current address is: Will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC Order # 12-211 (Attachment I) (henceforth "Original Order"), which went into effect on October 22, 2012, and was issued upon an application for a Consent Order signed by me (henceforth "Original Application") and adopted by the Original Order. The sanction imposed in the Original Order included the following:

- Censure and Reprimand;
- Respondent shall pay a \$20,000 fine, to be paid within 90 days of the effective of the Consent Order;
- Respondent shall be restricted from treating New York Worker's Compensation
 Board patients.

The part of the sanction that I seek to modify is the restriction from treating New York Worker's Compensation Board patients.

I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the sanction imposed upon me in the Original Order, as follows:

- Effective upon the issuance of the Modification Order, the part of the sanction shall terminate that restricts me from treating New York Workers' Compensation Board patients. Instead, the Modification Order shall impose the following Conditions upon me, which shall take effect upon the Modification Order's effective date and will continue so long as I remain a licensee in New York State:
 - O Upon petitioning the New York Workers' Compensation Board for reinstatement, I shall simultaneously notify the Director of OPMC and provide the Director with a complete copy of my reinstatement request. The Director shall be authorized to share documentation and information contained in the OPMC files related to the Original Order, this modification and the Modification Order, and related investigation(s), with the New York Workers' Compensation Board.
 - I shall maintain, in a format that is acceptable to OPMC, a log ("log") of all
 New York State Workers' Compensation Board patients whom I evaluate,
 treat or bill.

- OPMC, and copies of the log shall be provided to the Director of OPMC on a quarterly basis.
- Upon request, and as directed, I shall submit to the Director of OPMC all
 evaluation records and reports, medical records, billing records and any
 other documentation demanded regarding my evaluation, care and/or billing
 of New York State Workers' Compensation Board patients.

and

All remaining Terms and Conditions will continue as written in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE 9/16/16

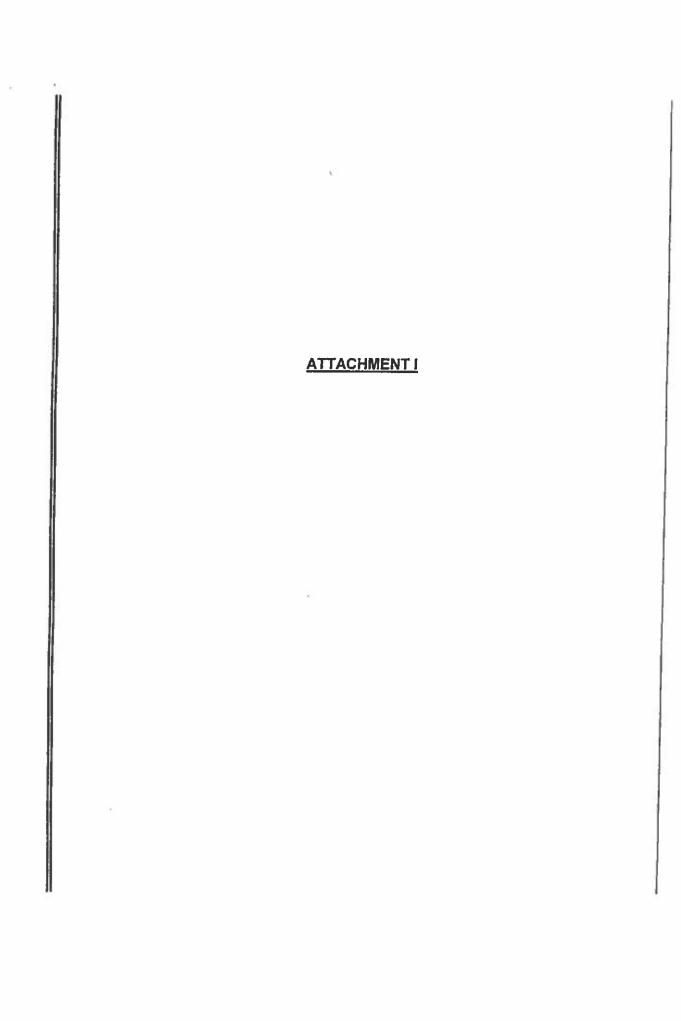
MICHAEL PALMERI, M.D. RESPONDENT DATE: <u>9/21/16</u>

KETH W. SERVIS

Director

Office of Professional Medical Conduct

Bureau of Professional Medical Conduct



NEW YORK
state department of
HEALTH

Public

Nirav R. Shah, M.D., M.P.H. Commissioner

Sue Kelly Executive Deputy Commissioner

October 15, 2012

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Michael Palmeri, M.D. REDACTED

RE:

License No. 184155

Dear Dr. Palmeri:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 12-211. This Order and any penalty provided therein goes into effect October 22, 2012.

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management New York State Department of Health Corning Tower, Room 2784 Empire State Plaza Albany, New York 12237

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED

Katherine A. Hawkins, M.D., J.D. Executive Secretary Board for Professional Medical Conduct

cc: Amy T. Kulb, Esq.
Jacobson, Goldberg & Kulb, LLP
585 Stewart Avenue, Suite 720
Garden City, NY 11530

HEALTH.NY.GOV facebook.com/NYSDOH twitter.com/HealthNYGov

NEW YORK STATE: DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL	H BPMC 12-211
IN THE MATTER OF MICHAEL PALMERI, M.D.	CONSENT
Upon the application of MICHAEL PALMER Agreement, that is made a part of this Consent Order ORDERED, that the Consent Agreement, a	
ORDERED, that this Consent Order shall be either by mailing of a copy of this Consent Order, ei address in the attached Consent Agreement or by outpon facsimile or email transmission to Respondent of SO ORDERED.	ither by first class mail to Respondent at the certified mail to Respondent's attorney, or
DATED: 10/13/2012	REDACTED ARTHUR S. HENGERER, M.D. Chair State Board for Professional Medical Conduct

STATE OF NEW YORK: DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

CONSENT

OF

AGREEMENT

MICHAEL PALMERI, M.D. CO-11-06-2971-A

MICHAEL PALMERI, M.D., (Respondent), representing that all of the following statements are true, deposes and says:

That on or about October 5, 1990, I was licensed to practice medicine as a physician in the State of New York and issued license number 184155 by the New York State Education Department.

My current address is REDACTED , and I will advise the Director (Director) of the Office of Professional Medical Conduct (OPMC) of any change of my address within thirty (30) days, thereof.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with two (2) Specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit A, is attached to and part of this Consent Agreement.

I do not contest the two (2) Specifications, and agree to the following sanction:

· Censure and Reprimand:

Respondent shall pay a \$20,000.00 fine, to be paid within ninety (90) days of the effective date of the Consent Order to the NYS Department of Health, Bureau of Accounts Management, Revenue Unit, Empire State Plaza, Coming Tower, Room 2784, Albany, NY 12237-0016.

Respondent shall be restricted from treating New York Worker's Compensation Board patients.

I agree, further, that the Consent Order shall impose the following conditions:

That Respondent shall remain in continuous compliance with all requirements of New York Education Law § 6502 including, but not limited to, the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in New York Education Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 30 days after the effective date of the Consent Order and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the OPMC in its administration and enforcement of the Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Agreement. Respondent shall meet with a person designated by the Director, OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of the Consent Order shall constitute misconduct as defined by New York Education Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and the Consent Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to New York Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that the Consent Order shall take effect upon its issuance by the Board, either by malling of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail.

or upon facsimile or email transmission to me or my attorney, whichever is first. The Consent Order, this Consent Agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department of Health website.

I stipulate that the proposed sanction and Consent Order are authorized by New York Public Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, computsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to convest the Consent Order for which I apply, administratively and/or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director, OPMC, and the Chair of the Board each retain complete discretion either to enter into the proposed Consent Agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

AFFIRMED:

DATED: 10/2/12

REDACTED

MICHAEL PALMERI, M.D. Respondent The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 10 2 12

REDACTED

AMY T. KULB, Esq. Attorney for Respondent

DATE: 10/5/12

REDACTED

MICHAEL G. BASS Assistant Counsel Bureau of Professional Medical Conduct

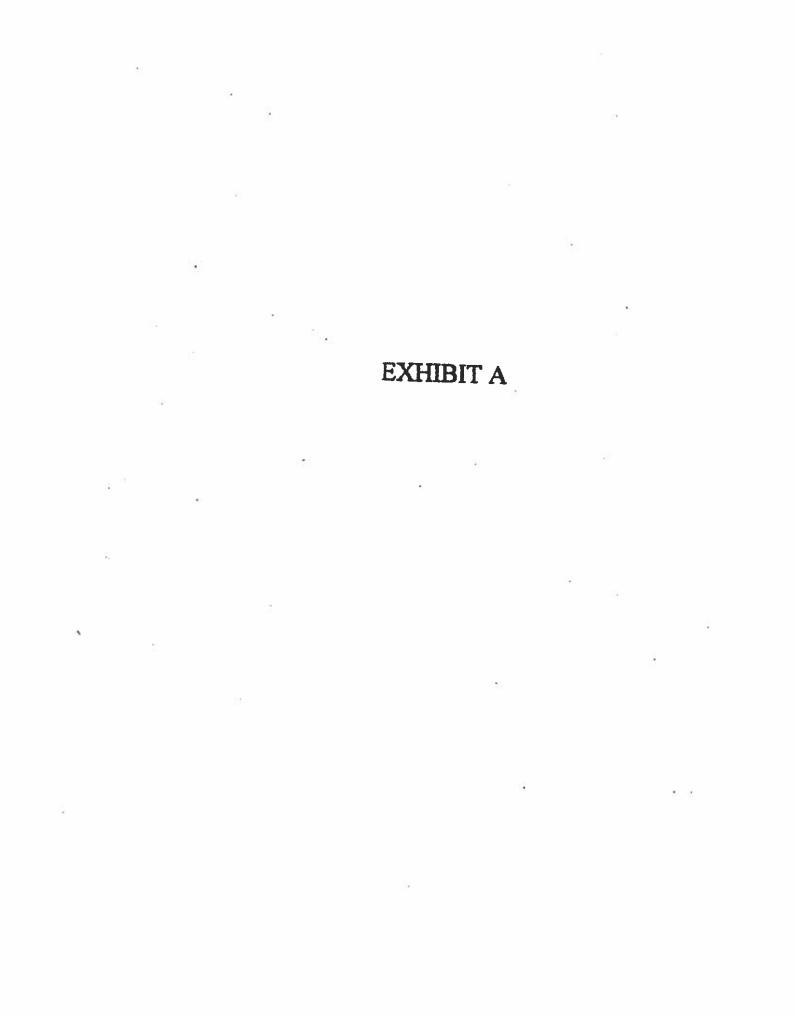
DATE: 10/12/12

REDACTED

KEITH W. SERVIS

Director

Office of Professional Medical Conduct



STATE OF NEW YORK DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

AMENDED STATEMENT

OF

OF

MICHAEL PALMERI, M.D. CO-11-06-2971-A

CHARGES

MICHAEL PALMERI, M.D., the Respondent, was authorized to practice medicine in New York state on or about October 5, 1990, by the issuance of license number 184155 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about November 19, 2010, in the City Court of White Plains, White Plains, New York, Respondent was found guilty of one (1) count of Petit Larceny, in violation of New York Penal Law Section 155.25, one (1) count of Insurance Fraud In the 5th Degree, in violation of New York Penal Law Section 176.10, and four (4) counts of Offering a False instrument for Filing in the 2nd Degree, in violation of New York Penal Law Section 175.30, all misdemeanors. On or about June 17, 2011, in the City Court of White Plains, White Plains, New York, Respondent was sentenced, inter alia, to a one (1) year conditional discharge.
- B. On or about June 8, 2012, The New York State Worker's Compensation Board (hereinafter "New York Board") reinstated a December 23, 2011, suspension of Respondent's authorization to render medical treatment and care to and perform independent medical examinations of individuals who have suffered work-related injuries or illnesses. In its initial suspension of Respondent's authorization to treat Worker's Compensation patients, the New York Board found Respondent guilty of misconduct due to the above criminal conviction in White Plains City Court.

SPECIFICATIONS FIRST SPECIFICATION

Respondent violated New York Education Law Section 6530(9)(a)(i) by being convicted of committing an act constituting a crime under New York state law, in that Petitioner charges:

1. The facts in Paragraph A.

SECOND SPECIFICATION

Respondent violated New York Education Law (NYEL) Section 6530(9)(c) by having been found guilty in an adjudicatory proceeding of violating a state or federal statute or regulation, pursuant to a final decision or determination, and when no appeal is pending, and when the violation would constitute professional misconduct pursuant to NYEL Section 6530 in that Petitioner charges:

The facts in paragraph B.

DATED: Other 5, 2012
Albany, New York

REDACTED

PETER D. VAN BUREN Deputy Counsel

Bureau of Professional Medical Conduct